

Prenatal

PN-1T FIRST TRIMESTER

OUTCOME: The first trimester patient will understand the progression of pregnancy as related to fetal growth and development and changes in her body.

STANDARDS:

1. Explain the reproductive cycle. Identify and explain the functions of: the ovaries, ova, fallopian tubes, uterus cervix, placenta and vagina as it relates to pregnancy.
2. Discuss fetal growth and development during the first trimester. Emphasize the importance of regular prenatal care, rest, prescribed vitamins, iron and good nutrition. Relate adequate folate intake to fetal neural tube health.
3. Discuss the importance of appropriate weight gain. Review the food pyramid, suggest foods that should be increased i.e., those high in folic acid, iron, vitamin A, calcium; and those to be limited or avoided i.e., those high in salt, fat, caffeine and empty calories.
4. Emphasize the importance of complete abstinence from drugs, alcohol and tobacco. Point out that use of drugs and/or alcohol during pregnancy can result in birth defects or other complications. Evaluate the patient's use of substances and refer for treatment as appropriate. **Refer to CD.**
5. Teach the patient to inform all health care providers of her pregnancy prior to obtaining treatment (x-rays, medications, etc.).
6. Discuss the importance of good personal and dental hygiene as it relates to good health and positive self-image. Discuss the dangers of fetal overheating in relation to hot baths, jacuzzis, sweat lodges, etc. **Refer to WL-HY.**
7. Discuss relief measures for the discomforts of pregnancy.
8. Discuss sex during pregnancy. Encourage the patient to ask questions.
9. Explain the clinical procedures (exams, lab, sonograms etc.).
10. Emphasize the patient's responsibilities to herself and her growing child. Discuss the dangers of exposure to infectious diseases (measles, toxoplasmosis, STDs, parvovirus, etc.).
11. Emphasize the importance of prepared childbirth classes and parenting classes. Encourage the patient to enroll at the appropriate times.

PN-2T SECOND TRIMESTER

OUTCOME: The second trimester patient will understand the progression of pregnancy as related to fetal growth and development and changes in the body. The patient will begin to discuss the options for feeding the infant.

STANDARDS:

1. Discuss fetal growth and development for the second trimester.
2. Discuss changes in the mother's body during the second trimester. Discuss exercise, rest, and relief measures for second trimester discomforts of pregnancy.
3. Discuss breast-feeding vs. bottle-feeding. Emphasize the advantages of breastfeeding for both mother and baby. **Refer to BF.**
4. Identify risks and warning signs for preterm labor (bleeding, cramping, unexplained abdominal pain, etc.).

PN-3T THIRD TRIMESTER

OUTCOME: The third trimester patient will understand the progression of pregnancy as related to fetal growth and development and changes in the body. The patient will understand the labor and delivery process and how to care for a newborn.

STANDARDS:

1. Discuss changes in the mother's body during the third trimester. Discuss exercise, rest, and relief measures for third trimester discomforts of pregnancy.
2. Discuss the anatomy and physiology of lactation and care of the breasts and nipples **Refer to BF.**
3. Discuss sex during the late stages of pregnancy and early postpartum period. Discuss methods of contraception. Emphasize the importance of partner participation in family planning.
4. Discuss the signs of impending labor. Discuss those events that require immediate attention e.g., ruptured membranes, bleeding, fever. Emphasize the importance of knowing "when you are in labor" and when to seek medical attention.
5. Discuss the three stages of labor. Discuss the possibility of a C-section.
6. Review breathing exercises for labor. If feasible, refer the patient for childbirth education classes.
7. Discuss hospital admission routines e.g. fetal monitoring, IVs, induction.
8. **Refer to CB-PRO.**

PN-ADM ADMISSION

OUTCOME: The prenatal patient/family will understand the hospital admission process for delivery.

STANDARDS:

1. Discuss preparations for preadmission, as appropriate:
 - a. What paper work to do in advance.
 - b. When to come to the hospital.
 - c. What to bring to the hospital.
 - d. Where to go for admission. This may include a hospital tour.
 - e. What to expect on admission.

PN-BH BEHAVIORAL HEALTH

OUTCOME: The patient/family will understand some of the mental and emotional changes that may take place during and after pregnancy.

STANDARDS:

1. Discuss that pregnancy is a state of hormonal flux and may result in rapid and unpredictable mood swings.
2. Discuss any pre-existing mental or emotional health conditions in the patient or the patient's family.
3. Explain that although some emotional changes may be normal, others may require medication and/or other forms of treatment.
4. Discuss the signs and symptoms of post-partum depression. **Refer to PDEP.**
5. Refer to mental health or other resources as appropriate.

PN-C COMPLICATIONS

OUTCOME: The patient/family will understand the potential complications of pregnancy and the appropriate action to take.

STANDARDS:

1. Discuss the symptoms of pre-term labor. Emphasize the importance of immediate evaluation by a physician if you think you may have pre-term labor. Explain that immediate treatment may decrease the risk of neonatal death or lost pregnancy. Discuss that even with appropriate treatment pre-term labor may have a catastrophic outcome.
2. Explain that any bleeding as heavy as a period should prompt an immediate evaluation by a physician. Explain that this bleeding may be an early sign of miscarriage. Explain that immediate evaluation by a physician may in some cases reduce the risk of neonatal death or lost pregnancy.
3. Explain that decreased fetal movement should prompt an immediate evaluation in labor and delivery or in another appropriate setting.
4. Emphasize to the patient that pregnancy induced hypertension may be asymptomatic or may be accompanied by warning signs (persistent swelling, persistent headaches, visual changes, decreased fetal movement, sudden weight gain, nausea and vomiting in the third trimester). Stress that immediate medical attention should be sought if warning signs occur. **Refer to PN-PIH.**

PN-CD CHEMICAL DEPENDENCY

OUTCOME: The patient/family will understand the disease process of chemical dependency/substance abuse and its relationship to fetal development and develop motivation for change.

STANDARDS:

1. Emphasize the importance of complete abstinence from alcohol, inhalants, other drugs and tobacco. Point out that use of alcohol, inhalants and other drugs during pregnancy are associated with birth defects or other complications. Evaluate the patient's use of substances and refer for treatment as appropriate. **Refer to CD.**
2. Administer CAGE or other screening instrument.
3. Discuss that alcohol use during pregnancy is directly associated with an identifiable syndrome in the child. This syndrome can cause developmental delay, hyperactivity, emotional and behavioral problems, mental retardation, learning disabilities, and decreased ability to function independently as an adult. This syndrome has been called fetal alcohol syndrome, fetal alcohol effect and pervasive developmental delay.
4. Review treatment options available.
5. Refer to community resources as available or appropriate.

PN-DC DENTAL CARIES

OUTCOME: The patient/family will understand how maternal oral hygiene and diet affect dental conditions in the mother and infant.

STANDARDS:

1. Explain that tooth decay (dental caries) is partially caused by bacteria in the mouth.
2. Explain that this bacteria can be transmitted from the mother to the infant.
3. Emphasize the importance of the prenatal patient having a dental exam and treating dental caries before the birth of the infant.
4. Discuss proper oral hygiene. **Refer to DC-P.**
5. Discuss the importance of early oral hygiene for the infant—even before eruption of the primary teeth.
6. Discuss the necessity of adequate calcium in the diet of prenatal patients to prevent calcium loss from bones and teeth.

PN-DV DOMESTIC VIOLENCE

OUTCOME: Patient/family will understand that domestic violence is a primary, chronic, and preventable disease.

STANDARDS:

1. Discuss the patient/family members' abusive/violent disorder.
2. Discuss the patient's and other family members' attitudes toward their dependency.
3. Explain co-dependency as it relates to domestic violence.
4. Identify risk factors and "red flag" behaviors related to domestic violence.
5. Discuss the role of alcohol and substance abuse as it relates to domestic violence.
6. Explain that the natural course of domestic violence is one of escalation and that without intervention it will not resolve.
7. Be sure family members and other victims are aware of shelters and other support options available in their area. Make referrals as appropriate.
8. Assist to develop a plan of action which will insure safety of all people in the environment of violence.

PN-EX EXERCISE

OUTCOME: The patient will understand the role of physical activity during pregnancy.

STANDARDS:

1. Discuss the benefits of prenatal exercise.
2. Review the basic recommendations of an exercise program during pregnancy.
3. Explain that hormonal changes during pregnancy result in increased elasticity of tendons and may increase the risk of joint injuries.
4. Explain that, in general, a pregnant patient can maintain her previous level of physical activity but should contact her provider for specific instructions.
5. Discuss any physical activities that are contraindicated in this patient.
6. Review the exercise programs available in the community that would be appropriate for this patient.

PN-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up and make a plan to keep follow-up appointments.

STANDARDS:

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments.
3. Emphasize that appointments should be kept.

PN-GD GROWTH AND DEVELOPMENT

OUTCOME: The parent(s) will have a basic understanding of the unborn infant's growth and development.

STANDARDS

1. Explain conception process, implantation, and cell division, as appropriate.
2. Discuss the functions of the placenta, the amniotic sac, and umbilical cord, as appropriate.
3. Give a basic overview of the unborn infant's growth and development.

PN-GDM GESTATIONAL DIABETES

OUTCOME: The patient/family will understand diabetes or carbohydrate intolerance during pregnancy and establish a plan for control.

STANDARDS:

1. Emphasize weight control and management of blood sugar.
2. Discuss careful monitoring and tracking of blood sugar.
3. Discuss the increased risk for Type 2 Diabetes in later life in patients who develop gestational diabetes.
4. Discuss the effect of gestational diabetes on the infant (hypoglycemia in the early neonatal period, respiratory distress, complications of delivery, increased incidence of obesity and future development of Type 2 diabetes.).
5. Explain that development of gestational diabetes in this pregnancy places the patient (mother) at high risk for development of gestational diabetes in the future pregnancies and emphasize that prenatal care for future pregnancies should begin prior to conception.

PN-GEN GENETIC TESTING

OUTCOME: The patient/family will understand that some diseases or conditions are inherited and that testing may be recommended in certain circumstances.

STANDARDS:

1. Explain to the patient/family that some diseases or birth defects can be detected during pregnancy.
2. Explain that not all patients are at equal risk for these conditions.
3. Explain that testing may include ultrasound, blood tests, amniocentesis, etc. Discuss the timing of tests as appropriate.
4. Administer the screening questionnaire that is standard for your institution (for example the ACOG antepartum genetic screening questionnaire).
5. Refer appropriate patients to a physician or other provider for further evaluation.

PN-HIV HUMAN IMMUNODEFICIENCY VIRUS

OUTCOME: The patient/family will understand risk factors for HIV (mother and child) and offer referral for testing.

STANDARDS:

1. Discuss risk factors for HIV (mother and child).
2. Offer referral for HIV testing.
3. Explain that early detection, early treatment and full participation with the medication regimen as well as maintaining a healthy lifestyle will often result in a better quality of life and slower progression of the disease and may have beneficial effects upon the delivery and longevity of the child.

PN-L PATIENT INFORMATION LITERATURE

OUTCOME: The patient/family will receive written information about prenatal issue.

STANDARDS:

1. Provide the patient/family with written patient information literature on prenatal issue.
2. Discuss the content of the patient information literature with the patient/family.

PN - M MEDICATIONS

OUTCOMES: The patient will understand the type of medication being prescribed, dosage and administration of the medication. They will also be aware of the proper storage of the medication and possible side effects of the drugs.

STANDARDS:

1. Review proper use, benefits, and common side effects of the medication.
2. Emphasize the importance of maintaining strict adherence to the medication regimen and monitoring schedule.
3. Instruct patient on proper administration of the drug.

PN-N NUTRITION

OUTCOME: The patient/family will understand the role of nutrition in pregnancy as related to maternal health, fetal growth, and development.

STANDARDS:

1. Describe an adequate pattern of weight gain in pregnancy. Explain the rationale for such gain.
2. Explain the actions to take if the patient develops constipation, nausea, vomiting or pica.
3. Encourage adequate calcium intake. Discuss calcium sources (milk and milk products, calcium supplements, salmon, etc.) **Refer to OS-N** for other sources of calcium.
4. Discourage weight reduction attempts, skipping meals, and the adverse effect of consuming junk foods during pregnancy.
5. Encourage stress reduction, as stress adversely affects nitrogen and calcium.
6. Explain that breastfeeding in the postpartum period may result in a more rapid return to pre-pregnancy weight.
7. Encourage the patient to limit her intake of aspartame-sweetened foods and caffeinated beverages.
8. Encourage liberal intake of water.
9. Discuss with patient eligibility for supplemental food programs such as WIC, food distribution/commodity programs, food stamps, etc.

PN-PIH PREGNANCY INDUCED HYPERTENSION AND PRE-ECLAMPSIA

OUTCOME: The patient/family will understand the risk, symptoms, and treatment of pregnancy-induced hypertension and preeclampsia.

STANDARDS:

1. Explain the difference between systolic and diastolic blood pressure. Define normal ranges.
2. Review predisposing factors for hypertension (obesity, high sodium intake, high fat and cholesterol intake, lack of exercise, etc.).
3. Discuss the special condition of pregnancy as a contributing factor to hypertension - either by worsening existing hypertension or by new onset of preeclampsia.
4. Emphasize to the patient that pregnancy-induced hypertension may be asymptomatic or may be accompanied by warning signs (persistent swelling, persistent headaches, visual changes, decreased fetal movement, sudden weight gain, nausea and vomiting in the third trimester.) Stress that medical attention should be sought if warning signs occur.
5. Discuss complications and increased perinatal risk (maternal convulsions with attendant risk of maternal and/or fetal brain injury, premature birth, etc.).

PN-PM PAIN MANAGEMENT

OUTCOME: The patient/family will understand some techniques for reducing the pains and discomforts which are sometimes associated with pregnancy.

STANDARDS:

1. Explain that headaches, abdominal pain, back pain, and certain other pains are common and expected in pregnancy.
2. Discuss types of pain which should prompt an immediate medical evaluation, i.e., pains which come and go at regular intervals, pain associated with bleeding, pain which is unrelieved by conservative measures.
3. Discuss measures which may relieve pain, i.e., warm bath, change of activity (walking, etc.), massage.
4. Explain that most pain medications should not be used in pregnancy, but that the patient's provider can recommend and/or prescribe pain medication if necessary.

PN-S SAFETY AND INJURY PREVENTION

OUTCOME: The patient/family will understand safety measures specific to pregnancy.

STANDARDS:

1. Discuss the regular use of seat belts and children's car seats, obeying the speed limit. Explain that seatbelts clearly save lives and should be worn by all persons including pregnant women.
2. Discuss that seatbelts should be worn low on the hips and the shoulder belt should lie above the pregnant abdomen.
3. Review the dangers inherent in the use of wood-burning stoves, "charcoal pans", kerosene heaters, and other open flames.
4. Review the safe use of electricity and gas.
5. Discuss the proper disposal of waste, including sharps and hazardous materials.
6. Review the proper handling, storage and preparation of food.
7. Review the importance of uncontaminated water sources. Discuss the importance of purifying any suspect water by boiling or chemical purification.
8. Identify which community resources promote safety and injury prevention. Provide information regarding key contacts for emergencies, e.g., 911, Poison Control, hospital ER, police.

PN-SCR SCREENING

OUTCOME: The patient/family will understand the screening device.

STANDARDS

1. Explain the screening device to be used.
2. Explain why the screening is being performed.
3. Discuss how the results of the screening will be used.
4. Emphasize the importance of follow-up care.

PN-SHS SECOND-HAND SMOKE

OUTCOME: The patient and/or family will understand the adverse health consequences associated with exposure to second-hand tobacco smoke, and discuss methods for limiting exposure of nonsmokers to tobacco smoke.

STANDARDS:

1. Define “passive smoking”, ways in which exposure occurs:
 - a. smoldering cigarette, cigar, or pipe
 - b. smoke that is exhaled from active smoker
 - c. smoke residue on clothing, upholstery, carpets or walls
2. Discuss harmful substances in smoke
 - a. nicotine
 - b. benzene
 - c. carbon monoxide
 - d. many other carcinogens (cancer causing substances)
3. Explain the increased risk of illness in children and adults when exposed to cigarette smoke either directly or via second-hand smoke, i.e., increased colds, asthma, ear infections, pneumonia, lung cancer, etc.
4. Emphasize that the infants who live in the homes where people smoke in the house are three times more likely to die of SIDS than infants who live in a home where no one smokes in the house.
5. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness even if the child is not in the room at the time that the smoking occurs.
6. Discuss factors that increase level of exposure to second-hand smoke and preventive methods for minimizing this exposure such as smoking outside and wearing a smock which is removed prior to returning to the house.
7. Encourage smoking cessation or at least never smoking in the home or car.

PN-SM STRESS MANAGEMENT

OUTCOMES: The patient will understand the role of stress management in overall health and well-being.

STANDARDS:

1. Explain that uncontrolled stress may cause release of stress hormones which interfere with general health and well-being.
2. Explain that effective stress management may help the patient have a more positive experience with pregnancy and childbirth.
3. Discuss that stress may exacerbate adverse health behaviors such as tobacco, alcohol or other substance use as well as inappropriate eating all of which have been shown to have an adverse effect on the developing baby.
4. Explain that pregnancy and childbirth usually place additional stressors on the family, which if uncontrolled or unidentified, may result in physical or emotional abuse of the family members or others.
5. Emphasize the importance of seeking professional help as needed to reduce stress.
6. Discuss various stress management strategies which may help maintain a healthy lifestyle. Examples may include:
 - a. becoming aware of your own reactions to stress
 - b. recognizing and accepting your limits
 - c. talking with people you trust about your worries or problems
 - d. setting realistic goals
 - e. getting enough sleep
 - f. maintaining a reasonable diet
 - g. exercising regularly
 - h. taking vacations
 - i. practicing meditation
 - j. self-hypnosis
 - k. using positive imagery
 - l. practicing physical relaxation methods such as deep breathing or progressive muscular relaxation
 - m. spiritual or cultural activities
7. Provide referrals as appropriate.

PN-SOC SOCIAL HEALTH

OUTCOME: The patient family will have an understanding of social services available.

STANDARDS:

1. Discuss the patient's living situation including access to adequate housing, electricity, refrigeration, sanitation, running water, and adequate and nutritional foods.
2. Discuss the patient's access to transportation. Refer to community resources as available.
3. Discuss the patient's eligibility for state, federal or tribal resource programs including WIC, state Medicaid, food stamps, commodities, housing assistance, etc. Emphasize that IHS and/or ITU programs may not be able to meet all of the patient's needs therefore she should apply for all programs for which she may be eligible.
4. Refer to community resources as appropriate.

PN-STD SEXUALLY TRANSMITTED DISEASE

OUTCOME: The patient and partner will understand risk factors, transmission, symptoms and complications of causative agent(s).

STANDARDS

1. Discuss specific STDs.
2. Explain how STDs are transmitted, i.e., semen, vaginal fluids, blood, mother to infant during pregnancy or child birth, or breast-feeding.
3. Explain how STDs cannot be transmitted, i.e., casual contact, toilet seats, eating utensils, coughing.
4. Explain that there are no vaccines against STDs and that there is no immunity to STDs. List curable and incurable STDs. Stress the importance of early treatment.
5. Explain that infection is dependent upon behavior, not on race, age, or social status.
6. Describe how the mother/fetus is affected.
7. List symptoms of disease and how long it may take for symptoms to appear.
8. List complications that may result if disease is not treated including complications in the unborn child.
9. Review the actions to take when exposed to an STD.

PN-TE TESTS

OUTCOME: The patient/family will have an understanding of the test(s) to be performed, including indications and impact on further care.

STANDARDS:

1. Explain the test ordered.
2. Explain the necessity, benefits and risks of the test to be performed, as applicable, including possible complications that may result from not having the test performed.
3. Explain how the test relates to the course of treatment.
4. Explain any necessary preparation for the test.
5. Explain the meaning of the test results, as appropriate.

PN-TO TOBACCO

OUTCOME: The patient/family will understand the dangers of tobacco or nicotine use during pregnancy and make a plan for immediate smoking cessation.

STANDARDS:

1. Review the current factual information regarding tobacco use. Explain that tobacco use in any form is dangerous.
2. Discuss the dangers of tobacco use during pregnancy:
 - a. Low birth weight infants
 - b. Intrauterine growth retardation
 - c. Nicotine withdrawal in the newborn
 - d. Increased incidence of asthma and pneumonia in the child
 - e. Spontaneous abortion or miscarriage
 - f. Placental insufficiency
 - g. Explain nicotine addiction.
3. Discuss the common problems associated with tobacco use and the long term effects of continued use of tobacco, i.e., COPD, cardiovascular disease, numerous kinds of cancers including lung cancer, etc.
4. Review the effects of tobacco use on all family members- financial burden, second-hand smoke, greater risk of fire and premature death of a parent or bread winner.
5. Explain dependency and co-dependency.
6. Discuss that smoking is a serious threat to health. Encourage tobacco cessation.

Refer to TO.